

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/713008

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4				2		
5				2		
6				1		
7			1			
8			1			
9				2		
10				2		
11				2		
12				2		
13				3		
14				1		
15			1			
16				1		
17				1		
18				2		
19				2		
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47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			23			
TOTAL CLAIMS			28			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL CLAIMS						